(ख) और (ग) शिक्षकों के दो प्रायोगों के विचारार्थ विषयों के साथ प्रमुख सिफारिशों का विवरण राज्य सभा पटल पर रख दिया गया है ।

[देखिए परिशिष्ट CXXXVII अनुपत्र संख्या 33]

Reservation of seats in medical Colleges

*360. SHRI KRISHNA KUMAR BIRLA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to •tate;

(a) whether Government have reserved seats foj admission in medical colleges for students seeking admission from State| Union Territories which do not have medical colleges;

(b) if so, what is the number of seats reserved for such students (StateMwise| Union Territory-wise) and the conditions if any, for the eligibility for admission;

(c) whether the stipulated conditions are in conformity with the standard laid down by the Medical Council of India, if not, what are the reasons therefor; and

(d) what i_s the number of students admitted against the quota so reserved during 1984 and 1985 stating the instances, if any, where the eligibility conditions were violated an<j that there was misuse of the prescribed quota and th_e action taken by Government in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI): (a) to (d) Government of India *$inte_r$ alia* allocate certain number of MBBS seats which ar_e contributed to the Central Pool by States|UT Governments with medical colleges to the Sta-tes]UT_s without medical colleges. The allocation of these seats varies from year to year depending upon the overall availability of; MBBS $seat_s$ i_n the Central Pool. The selection and nomination of students 's done by the respective Sla-tes|UTs to whom these seats are allotted. Students nominated against these seat* are required to satisfy the eligibility criteria prescribed by the Medical Council of India|Colleges|Universities concerned. A statement indicating the number of MBBS seats allocated to States] |UTs without medical colleges during the years 1984-85 and 1985-86 i_s laid on the Table of the Sabha *(see* beiow). The Government of India have no information regarding actual number of students admitted against allocations made to the States/ UTs without medical colleges. No student ean be admitted to any medical college unless he or she fulfils the eligibility criteria laid down by the Medical Council of India/Colleges/Universifies concerned.

Statement

Sl. No.	State/Union Territories	1984-85	1985-8
1.	Tripura	20	20
2.	Manipur	15	17
3.	Mizoram	11	13
4.	Meghalaya	9	10
5.	Chandigarh	3	3
6.	Sikkim	18	19
7.	Lakshadweep	4	4
8.	A & N Islands	10	11
9.	Arunachal Pradesh	17	19
10.	Nagaland	14	15
11.	D & N Haveli	2	2
	Total	123	133

Staff working in Anganwadies

|2349. SHRI S. W. DHABE:
SHRI ASHWANI KUMAR;

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased Io state:

(a) what salaries are paid to the stalf working in Anganwadies under Ihe integrated child development scheme of the Ministry;

(b) what is the total staff employed in such Centres and what is the criteria for the selection;

-†Previously Unstarred Questions 1960 transferred from the 14th March, 1986.

(c) what qualifications are prescribed for such staff, how much financial aid Central Government is giving to the State Government for running such anganwadies; and

(d) what guidelines they have been issued for location of anganwadi Centres?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN'S WELFARE (SHRIMATI MARGARET ALVA): (a) and b) The anganwadi-level workers of the integrated Child Developmen? Services (ICDS) Scheme are the Anganwadi Worker and Helper. Both are voluntary, part-time, honorary workers and are paid honorariam. The amount of honorarium per month for an Anganwadi Worker is Rs. 250/-, if she is a Matriculate, and Rs. 200|- if non-matriculate. The Helper gets an honorarium of Rs. 90/- p.m.

The Anganwadi Worker should be a lady, preferably in the age group 18—44 years, from the same village/area and be acceptable to the local community.

,(c) The Anganwadi Worker should preferably be a Matriculate. However, if a local woman with this qualification is not available a less qualified—and even illite-rate—local woman can be appointed as such a Worker. The entire expenditure of an anganwadi, except the nutrition component, is borne by the Government of India. Expenditure on the nutrition component is met from State Governments' resources.

(d) Tn an ICDS Project area, an anganwadi is set up in a village/cluster of slum? having a sizeable population so that it caters roughly to a population of upto IOOO in rural/urban areas and upto 700 in tribal areas. A village with a population exceeding IOOO in rural areas and 700 in tribal area may have more than one anganwadi.

Banning irrational drugs

f2350. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that the Drugs Controller banned irrational drug combi nations some years ago-

(b) whether it is also a fact that in Bihar Ethico Pharmaceuticals is selling an INH plus Rifampicin combination under the trademark Montonex and in Maharashtra Lupin Laboratories is selling an Ethambutol and isoniazed combination under the trademark Combinex 800;

(c) if so, what clinical tests have been undertaken for these cobinations;

(d) whether Government approved their commercialization; and

(e) if not, what steps Government pro pose to take to ban them from the mar ket?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR); (a) Yes, Sir. The Government has prohibited the manufacture and sale of 26 drugs and drug combinations.

(b) to (e) Fixed dose combinations of Rifampicin plus INH has been permitted to be marketed in the country by the Drugs Controller (India) after consulting the Indian Council of Medical Research (ICMR). The Commissioner, Food and Drug Administration, Maharashtra State, has given permission to maufacture and market the combination of Ethambutol plus INH commercially after obtaining the opinion of the experts.

No clinical trials with the combination of Rifampicin plus INH were undertaken. Rifampicin plus INH is official in USP XXI edition and is being marketed ln many countries including U.K.

†Previously Unstarred Question 1419 transferred from the 10th March, 1986.